

MHSPHP Background

The Military Health System Population Health Portal (MHSPHP) methodology is based on 2012 Healthcare Effectiveness Data and Information Set (HEDIS[®]) criteria. These are a set of criteria used to benchmark treatment facilities using a common methodology and should not be confused with clinical practice guidelines.

Follow-Up After Hospitalization for Mental Illness

This methodology measures the follow-up care for patients 6 years of age and older hospitalized for selected mental health disorders. This measure is strictly an aggregate measure and does not include an Action List.

Measure Definition:

- ➔ Percent of TRICARE Prime enrolled patients who received follow-up within 30 days of discharge.*
- ➔ Percent of TRICARE Prime enrolled patients who received follow-up within 7 days of discharge.*

* Measure is based on discharges. Patient may have more than one discharge in 11 month period. All discharges will be included provided they are not followed by a readmission within 30 days.

Benchmark:

HEDIS[®] 50th-75th-90th percentiles: National Committee for Quality Assurance (NCQA), State of Health Care Quality, 2011.

Benchmark	HEDIS Percentiles (50-75-90)
Follow-up within 30 days of discharge	78.6%---84.3%---88.5%
Follow-up within 7 days of discharge	60.0%---69.5%---75.0%

Numerator:

Number of TRICARE Prime patients, currently enrolled, age 6 years and older, who were hospitalized for a mental health disorder in the first 11 months of the past 12 month period, and received a follow-up visit within 30 days of discharge. Follow-up includes an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health provider.

Number of TRICARE Prime patients, currently enrolled, age 6 years and older, who were hospitalized for a mental health disorder in the first 11 months of the past 12 month period, and received a follow-up visit within 7 days of discharge. Follow-up includes an outpatient

visit, an intensive outpatient encounter or partial hospitalization with a mental health provider, to include visits and encounters that occur on the date of discharge.

Denominator:

Number of TRICARE Prime patients currently enrolled, age 6 years and older, who were discharged for selected mental health disorders during the first 11 months of the past 12 month period. Patients must have been continuously enrolled for 30 days after discharge. Direct care and network inpatient data are used to identify these patients. Patients may be included in the denominator more than once.

Data Sources:

- ➔ Defense Eligibility Enrollment Registration System (DEERS)
- ➔ Standard Inpatient Data Record (SIDR) (M2)
- ➔ Standard Ambulatory Data Record (SADR) (M2)
- ➔ Comprehensive Ambulatory/Professional Encounter Record (CAPER) (M2)
- ➔ Purchased Care Claims Data (NETWORK) (M2)

Methodology:

- ➔ Use DEERS to identify patients enrolled to specific MTFs.
- ➔ Use M2 (SIDR and Network) data to identify patients hospitalized for selected mental health disorders.
- ➔ Use SADR (M2), SIDR (M2) and NETWORK (M2) data to identify mental health follow-up visits.

Numerator Data Sources & Codes:

Codes to identify visits:

Follow-up visits identified by the following CPT or HCPCS codes must be with a mental health provider.

CPT	HCPCS
90804-90815, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99383-99387, 99393-99397, 99401-99404, 99411, 99412, 99510	G0155, G0176, G0177, G0409-G0411, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485

Follow-up visits identified by the following CPT/POS codes must be with a mental health provider.

CPT	POS
-----	-----

CPT		POS
90801, 90802, 90816-90819, 90821-90824, 90826-90829, 90845, 90847, 90849, 90853, 90857, 90862, 90870, 90875, 90876	WITH	03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 24, 33, 49, 50, 52, 53, 71, 72
99221-99223, 99231-99233, 99238, 99239, 99251-99255	WITH	52, 53

Denominator Data Sources & Codes:

Codes to identify mental health diagnoses:

➡ ICD-9-CM Mental Health Diagnoses Codes

- 295 – 299
- 300.3
- 300.4
- 301
- 308
- 309
- 311-314

Hospitalizations to exclude:

Type of Hospitalization	Mental Health ICD-9-CM Codes	Notes
Mental Health readmission or direct transfer	290, 293-302, 306-316	If the patient's discharge is followed by a readmission or direct transfer to an acute facility, for any mental health diagnosis within the 30-day follow-up period, only the admission discharge or the discharge from the transfer facility will be used. Discharges followed by a readmission or direct transfer to a non-acute facility for any mental health principal diagnosis within the 30 day follow-up period will also be excluded. These discharges are excluded because the readmission or transfer may prevent an outpatient follow-up.
Non-mental health readmission or direct transfer		Discharges in which the patient was transferred directly or readmitted within 30 days after discharge to an acute or non-acute facility for a non-mental health principal diagnosis are excluded. This includes any ICD-9-CM diagnosis code other than a mental health diagnosis. These discharges are excluded from the measure because re-hospitalization or transfer may prevent outpatient

Type of Hospitalization	Mental Health ICD-9-CM Codes	Notes
		follow-up.

Codes to identify Non-acute care

Description	HCPCS	POS
Hospice		34
SNF		31, 32
Intermediate Care facility		54
Residential substance abuse treatment facility		55
Psychiatric residential treatment center	T2048,H0017-H0019	56
Comprehensive inpatient rehabilitation facility		61